



Department of Environmental Protection – Division of Water Supply and Geoscience
Bureau of Safe Drinking Water
Mail Code 401-04Q - P.O. Box 420
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Tel # 609-292-5550 – Fax #609-292-1654

Office Use Only

Reviewed by:

Date:

Public Notification Certification Form – Tiers 1, 2 & 3

Requirements Pursuant to 40 CFR 141, Subpart Q and N.J.A.C. 7:10

****This form and a copy of your Notice to the Public must be submitted to the State within 10 days of notifying your customers. ****

PWSID#: _____ Water System Name: _____

Violation #: _____ Violation or Situation Date: _____

Individual Contaminant or Contaminant Group: _____

Monitoring Period: _____

Violation or Situation Type: (Check appropriate box) ☐ MCL ☐ Treatment Technique ☐ Water Main Break

☐ MRDL ☐ E. coli Positive Source Water Sample ☐ Monitoring and Reporting ☐ Other: _____

Violation or Situation Public Notification Tier: (Check appropriate box) ☐ Tier 1 ☐ Tier 2 ☐ Tier 3

Please check all that apply and provide information as indicated below:

1. ☐ Consulted with DEP within 24 hours (Tier 1) or 48 hours (Tiers 2 & 3) Date: _____
2. ☐ Distributed the notice by the following method(s), and on the following date(s) in accordance with 40 CFR 141.201 et seq:

- | | | |
|--------------------------|--|-------------|
| <input type="checkbox"/> | Reverse 911 | Date: _____ |
| <input type="checkbox"/> | Continuously Post | Date: _____ |
| <input type="checkbox"/> | Separate Mailing to Customers | Date: _____ |
| <input type="checkbox"/> | Hand Deliver Notice to Customers | Date: _____ |
| <input type="checkbox"/> | Publish Notice in Newspaper | Date: _____ |
| <input type="checkbox"/> | Release Notice to and Announced by Broadcast Media | Date: _____ |
| <input type="checkbox"/> | Post Notice on System Website | Date: _____ |
| <input type="checkbox"/> | Billing | Date: _____ |
| <input type="checkbox"/> | Annual Report (Consumer Confidence Report) | Date: _____ |
| <input type="checkbox"/> | Other: _____ | Date: _____ |

Note: Non-community water systems that serve a school, preschool or daycare must also hand deliver the notice to a parent or legal guardian of each child for Tier 1, 2 and 3 violations and situations. For more information reference EPA's Public Notification Handbook at: <http://www.epa.gov/safewater/publicnotification/compliancehelp.html>

3. ☐ **Content – 10 Required Elements Checklist:** 40 CFR 141 Subpart Q (Ensure all items are included in the notice)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Description of violation or situation including contaminant and contaminant levels as appropriate. |
| <input type="checkbox"/> | Date violation or situation occurred. |
| <input type="checkbox"/> | Potential adverse health risks, using mandatory language provided in the rule. |
| <input type="checkbox"/> | Required language for Monitoring and Reporting Violations, provided in the rule. |
| <input type="checkbox"/> | The population at risk, including sub-populations particularly vulnerable if exposed. |
| <input type="checkbox"/> | Whether alternate water supply should be used. |
| <input type="checkbox"/> | What action consumers should take, including when to seek medical help, if known. |
| <input type="checkbox"/> | What the system is doing to correct the violation or situation. |
| <input type="checkbox"/> | When the system expects to return to compliance or resolve the situation. |
| <input type="checkbox"/> | Contact information: Owner name, business address, and phone number of the water system owner, operator or designee that can provide additional information concerning the notice. |
| <input type="checkbox"/> | A statement encouraging recipients to distribute the notice to other persons served, using standard language from the rule. |

4. ☐ **Attach a copy of the posted Public Notice(s) to this certification form.**

The public water system named above hereby certifies that public notification has been provided to its consumers in accordance with all delivery, content, and format requirements specified in 40 CFR Part 141 and N.J.A.C 7:10.

Owner/Operator: _____
(circle one) (Signature) (Print Name) (Phone Number)

Date of Certification: _____ Operator License # (if applicable) _____